

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/595507 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	20					
5	10					
6	10					
7						
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	/					
18	/					
19						
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						